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Nurse-led cancer care

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Nurse-led cancer care

Abstract

In this issue of The Australian Journal of Cancer Nursing we focus on nurse-led cancer care. We have chosen three research studies in different settings, all of which demonstrate the impact of excellent cancer nursing and multidisciplinary care: an intervention enhancing survivorship for long-term survivors of Hodgkin lymphoma; a focus on the position of cancer coordinator-led care in a regional hospital and a project enabling nurse-led screening and interventions using a supportive care resource kit.

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Editorial

Nurse-led cancer care

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In this issue of *The Australian Journal of Cancer Nursing* we focus on nurse-led cancer care. We have chosen three research studies in different settings, all of which demonstrate the impact of excellent cancer nursing and multidisciplinary care: an intervention enhancing survivorship for long-term survivors of Hodgkin lymphoma; a focus on the position of cancer coordinator-led care in a regional hospital and a project enabling nurse-led screening and interventions using a supportive care resource kit.

Nurse-led care in cancer management has been shown to be cost-effective or cost-neutral, to reduce readmissions and to provide high levels of satisfaction for patients^{1,2}. In addition to these outcomes, cancer nurses are in an excellent position to develop opportunities for health promotion and supportive care within a person-centred approach. Cancer care through a 'health promotion lens' builds on the care and activities focused on cancer and its treatment alone and situates supportive care in the context of the individual. Cancer nurses are in an ideal position to develop initiatives, such as those described in this issue, that provide a person-centred, holistic supportive care package in both the long and short term.

Fitzhugh Mullen likened surviving cancer to being saved from drowning but then abandoned on the beach¹. In an innovative and person-centred approach³ to survivorship care, Priscilla Gates *et al.*'s study takes us through the development of a nurse-led intervention for people treated for Hodgkin lymphoma that clearly demonstrates both short- and long-term benefits for patients. The success of early diagnosis and modern treatment for this haematological malignancy means that many people now survive. The paradox, however, is that having been cured from their original malignancy, Hodgkin lymphoma survivors are at a higher risk of other cancers and chronic conditions. Gates' intervention sets out to address these issues.

Melanie Regan and colleagues used action research methods to examine the clinical practice of cancer care coordinators in a regional hospital in Australia. The categorisation of the broad array of clinical activities undertaken by cancer care

coordinators provides clarity to this often nebulous role. The scope of the activities of care coordination clearly goes beyond the position description. Of particular importance are functions as part of a multidisciplinary team and as an individual health care provider. Concepts important in long-term management and chronic conditions, such as self-management and health promotion, are also essential components of this role.

In the final paper, Sibilah Breen *et al.* describe the evaluation of a supportive care resource kit. The kit, comprised of seven components: clinician training package; screening tools; referral protocols; supportive care service directory; clinician referral and action checklist; patient note sheets; and information leaflets, was developed to train and enable cancer clinicians to provide supportive care more effectively. The ten clinicians – eight nurses and two radiation therapists – participating in the study used the kit and their training to undertake screening and referral for supportive care needs in the clinical setting. Training and skill development of clinicians is essential to enable cancer clinicians to build and be confident in their repertoire of support care skills, as increasing numbers of patients are surviving both with and after cancer.

These three studies clearly demonstrate the breadth of supportive care needs that nurse-led initiatives can address. At the same time, they demonstrate how skilled cancer nurses make a difference to people living, often for many years, with the ongoing effects of cancer and its treatment.

We hope you enjoy reading this edition and find these studies useful in your own practice.

Reference

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